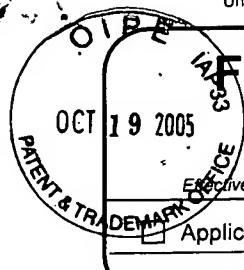


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)		Docket No. 56232.94					
<p>In re Application of: Akihiko Itami <i>OCT 19 2005</i></p> <p>Serial No. 10/663,137 Filing Date: September 15, 2003 Examiner: Christopher D. Rodee Group Art Unit: 1756</p> <p>Invention: Image Forming Method</p> <p>TO THE COMMISSIONER FOR PATENTS:</p> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>April 20, 2005</u>, in the above-identified application.</p> <p>The requested extension is as follows (check time period desired):</p> <table border="1"> <tr> <td><input type="checkbox"/> One month</td> <td><input type="checkbox"/> Two months</td> <td><input checked="" type="checkbox"/> Three months</td> <td><input type="checkbox"/> Four months</td> <td><input type="checkbox"/> Five months</td> </tr> </table> <p>From: <u>July 21, 2005</u> until <u>October 20, 2005</u></p> <p><i>Date</i> <i>Date</i></p> <p>The fee for the extension of time is \$1020.00 and is to be paid as follows:</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 07-1850.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore and charge any additional fees which may be required to Deposit Account No. 07-1850.</p> <p>Dated: October 19, 2005</p> <p>Squire, Sanders & Dempsey L.L.P.</p> <p>1 Maritime Plaza, Suite 300</p> <p>San Francisco, CA 94111</p> <p>(415) 954-0200</p> <p>cc: Docket</p> <p><i>Cameron K. Kerrigan</i> Reg. No. 44,826</p>			<input type="checkbox"/> One month	<input type="checkbox"/> Two months	<input checked="" type="checkbox"/> Three months	<input type="checkbox"/> Four months	<input type="checkbox"/> Five months
<input type="checkbox"/> One month	<input type="checkbox"/> Two months	<input checked="" type="checkbox"/> Three months	<input type="checkbox"/> Four months	<input type="checkbox"/> Five months			

10/24/2005 BABRAHA1 00000093 071850 10663137

01 FC:1253 1020.00 DA



FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1020.00)

Complete if Known

Application Number	10/663,137
Filing Date	09/15/2003
First Named Inventor	Akihiko ITAMI
Examiner Name	Christopher D. Rodee
Art Unit	1756
Attorney Docket No.	56232.94

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number 07-1850

Deposit Account Name Squire, Sanders & Dempsey L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	1020	2253	510
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$ 1020.00)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	9	-20 **	= 0	X 50 = 0
Independent Claims	1	-3 **	= 0	X 200 = 0
Multiple Dependent	0		X 0	= 0

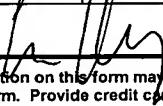
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	9	Claims in excess of 20
1201	200	2201	42	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Cameron K. Kerrigan	Registration No. Attorney/Agent)	44,826	Telephone	(415) 954-0200
Signature				Date	October 19, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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